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CONFIRMATION OF HERPES GLADIATORUM

- TO: West Virginia Healthcare Providers, Local Health Departments, School Nurses and School Athletic Directors
- FROM: Rahul Gupta, MD, MPH, FACP, Commissioner and State Health Officer, Bureau for Public Health, WVDHHR
- DATE: January 12, 2016

LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, SCHOOL SUPERINTENDENTS, PRINCIPALS, SCHOOL NURSES AND SCHOOL ATHLETIC DIRECTORS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO SCHOOL AND PRIMARY CARE PERSONNEL

Herpes gladiatorum (HG) has recently been confirmed in a high school athlete in West Virginia. Athletes with skin conditions should be excluded from contact sports until a definitive diagnosis is made. Primary care providers can assist with this process by securing a diagnosis through appropriate laboratory testing. After a diagnosis is made, standard guidelines for prevention and control are available to guide management: <u>http://www.nfhs.org/media/1014740/sports_related_skin_infections_position_statement_and_guidelines-april-2013.pdf</u>

HG is caused by herpes simplex type 1 virus, and spread by skin-to-skin contact. Athletes with a first episode of HG should be excluded from contact sports until all lesions have well-adherent scabs, no new vesicles have formed in the preceding 48 hours and there are no swollen lymph glands adjacent to affected areas of the skin. Because of the risk of recurrent HG infections, some experts recommend preventive antiviral therapy for athletes with HG throughout the remainder of the season or throughout the career of the athlete. See the guidelines referenced above for additional information.

HG can be confused with fungal infections such as ringworm or tinea corporis; or staphylococcal infections such as impetigo, folliculitis, carbuncles or furuncles. All of these infections can spread readily among athletes, but prevention and control measures differ according to the diagnosis.

Sports teams are strongly encouraged to identify a single primary care provider who will commit to evaluating all members of an athletic team for skin conditions, if necessary. Because a single diagnosis can potentially impact the entire athletic career of the patient as well as the health and participation of all team members, the physician should secure a definitive diagnosis through laboratory testing as clinically appropriate.

Health departments should be familiar with guidelines for management of sports team skin infection outbreaks available at: <u>http://www.dhhr.wv.gov/oeps/disease/ob/Pages/OutbreakToolkits.aspx</u> Physicians and athletic trainer guidelines are available at:

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2902037/pdf/i1062-6050-45-4-411.pdf For more information, contact your local health department or the Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology at 1 (800) 423-1271, ext. 1 or (304) 558-5358, ext. 1.

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